

4499

HEREFORDSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL REPORT
OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1964



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Herefordshire Education Committee

(as at 31st December, 1964).

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(as at 31st December, 1964)

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Annual Report of the Principal School Medical Officer

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my nineteenth Annual Report on the School Health Service for the year 1964.

The form of the School Health Service has remained in principle much the same but as our knowledge has developed so we have been able to expand the various branches of the Service. I would say that Service, as it is run to-day, could usefully be described under the following headings: to see that children with defects get treatment, advising handicapped pupils on special educational treatment, control of infectious disease and health education.

To see that children with defects get treatment, we have maintained the routine medical examinations in most of the County; in one area a year or so ago we submitted a modified scheme of medical examination by selection and we hope that eventually we will be able to see if our modification, on an experimental basis, led to us finding more or less children with defects, at a stage when they would readily respond to treatment. Up to the present, all routine medical examinations have been carried out by members of the medical staff of the County Health Department. For a number of reasons I am hoping to be able to introduce several general medical practitioners to this work during 1965. When these defects are found quite a lot of effort is needed to ensure that the children get the required treatment. We find the parents, general medical practitioners and consultants all co-operate in getting the best treatment for the individual child.

We find quite a number of handicapped pupils. A substantial proportion of such children require special educational treatment in a special residential school. The largest category is the one for educationally subnormal children—most of the boys aged 11-16 years we send to Pudleston Court and most of the girls we send to Haughton Hall, Shropshire. In this year we have really concentrated on the children who have some loss of hearing. Routine audiometric testing of six year olds has been done in most schools. Where children of whatever age have been referred for speech defect or some hearing loss these also have had audiometric testing. Where loss of hearing was confirmed advice and training has been given to the mother, to help her to understand the problem which faces the child, to help him to cope with the hearing aid, and to assist in the training of her own child. Auditory training equipment is loaned to the mother. We should now co-ordinate the services for the child with some hearing loss; to do this we require an Audiology Unit and a peripatetic teacher for the deaf.

Our ideas on control of infectious diseases have altered a great deal in recent years. Years ago we used to close schools or classes to prevent the spread of infection, but nowadays we only exclude contacts of certain diseases and then only for a very limited period. Home contacts of measles, if under 5 years of age are excluded for 14 days and home contacts of whooping cough, if under 7 years of age are excluded for 21 days. Diphtheria, poliomyelitis and whooping cough have now almost been eliminated due to the high level of immunity obtained from the artificial immunisation procedures. Let us hope that shortly we will have a similar protection against measles. So many school parties are now going away to the Mediterranean for the holidays that I should have thought that steps should be taken to build up the immunity of the children by giving them TAB inoculation in good time before they go.

Health education should be more readily used. For some reason whenever health education is mentioned people at once seem to think that sex education is being discussed. We do find that there is a growing desire of most normal school children to want to know more about themselves and how they can remain fit. It is up to us to see that this is met, whether the health education is given by the teachers or by others. I do find an awakening of enthusiasm on all sides for some form of health education. During the year the Hereford Training College have taken a more active part in health education. An interesting scheme was tried out to help children to be 'phased in' to school life by the head teacher, school doctor and school nurse meeting small groups of parents during the first few weeks of term. This innovation was popular and it is hoped will have helped the more nervous mother to have her fears allayed and so not transmitted to her child.

The work of the Child Guidance Service has continued, the medical staff has been supplemented by medical registrars who have had temporary secondments to this Service. They work and learn under the supervision of the Child Psychiatrist but with their enthusiasm and new ideas they have much to offer us in return. The Service was also strengthened by the appointment of an Educational Psychologist who in addition to her duties in the schools, undertakes some sessions as Clinical Psychologist at the local psychiatric hospital.

The School Dental Service has continued to struggle along with the usual staff shortage. However the private dental practitioners have helped a great deal and have done dental inspections and treatments for school children, arranged at times to interfere as little as possible with school work.

I wish to thank the Chairman and members of the County Education Committee for their constant help and support. My thanks are also due to the Director of Education for the co-operation and assistance which he has rendered to me on all occasions. I owe the deepest gratitude to the medical officers, nurses and administrative and clerical staff of the County Health Department for their whole-hearted co-operation, keenness and work which they have rendered throughout the year.

Yours faithfully,

J. S. COOKSON,
Principal School Medical Officer.

STAFF

Principal School Medical Officer—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy Principal School Medical Officer—

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H.

School Medical Officers—

†MARGARET ARMITSTEAD, M.B., Ch.B., D.P.H. (appointed 20/1/64, resigned 29/5/64).

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H. (retired 31/12/64).

VIVIEN P. HELME, M.B., Ch.B., D.(Obst.), R.C.O.G.

*W. HOGG, M.B., B.S., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

H. KENT, M.B., Ch.B., D.(Obst.), R.C.O.G. (appointed 30/11/64).

*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer—

O. S. BENNETT, L.D.S., R.S.C.FNG.

School Dental Officers—

†J. D. BELLAMY, L.D.S.

†A. J. KING, B.D.S. (appointed 26/5/64, resigned 17/7/64).

†L. MACHIN, L.D.S., R.C.S. (resigned 30/10/64).

†R. C. VALLENDER (Sen.) (resigned 17/2/64).

†R. C. VALLENDER (Jun.) (appointed 29/9/64).

Dental Surgery Assistants—

Mrs. I. EVANS.

†Mrs. J. K. LERIGO.

†Mrs. I. LILLEY (appointed 26/5/64, resigned 17/7/64).

†Mrs. M. MAINARD (resigned 17/2/64).

†Mrs. E. MORGAN.

Educational Psychologist—

Miss E. A. BONNIFACE, B.A. (appointed 1/1/64).

Social Worker—Child Guidance—

Mrs. M. A. CONIUM, S.R.N., S.C.M., H.V. (temporarily seconded full-time from Nursing staff).

Speech Therapists—

Mrs. J. A. BOWLER, L.C.S.T.

(1 Vacancy).

School Physiotherapist—

Miss A. E. JONES, M.C.S.P.

Audiometrician—

†Miss L. THOMAS.

Superintendent Nursing Officer—

Miss E. O. ROBERTS, S.R.N., S.C.M., H.V., M.T.D.

There are two Assistant Superintendent Nursing Officers.

School Nurses—

There are 34 nurses in the rural areas who carry out school nursing as part of their generalised duties. In the urban areas there are 14 whole-time health visitors who combine school nursing with mainly maternity and child welfare duties, six of whom extend their services to include relief of rural areas.

* Also District Medical Officer of Health.

† Part-time Appointment (temporary or otherwise).

MEDICAL INSPECTION. **MAINTAINED SCHOOLS.**

Number of Primary Schools	127	.....	12,574 pupils
„ „ Secondary Schools	21	.....	8,536 „
„ „ Special Schools	2	.....	86 „
„ „ Nursery Schools	1	.....	35 „

Periodic medical inspections of children in the following groups were made during the year :—

1st Age Group	Entrants, i.e. children admitted for the first time to a primary school.
2nd Age Group	Secondary entrants—during their first year in the secondary school.
3rd Age Group	Leavers—during their last year in school.
Additional Periodic Inspections	An additional inspection was carried out at the age of 8 years (children born in 1956).

Other children inspected were :—

Specials	Children not due for periodic inspection but were specially presented for inspection at the request of a parent, doctor, nurse, teacher or other person.
Re-inspections	Children who, at a previous inspection, were found to have some defect requiring treatment or observation.

Pudleston Court Special Residential School for educationally sub-normal boys is visited every term by a school medical officer.

The Uplands Special Residential School for delicate children is visited by a school medical officer each week when a group of children is examined. This arrangement ensures that each child is seen at least twice a term and that the head teacher is able to discuss with the medical officer any child about whom she is concerned. The Principal School Dental Officer now visits once a year.

The Whitecross Nursery School is visited once each term by a school medical officer who examines all children, and by a school nurse who visits the school twice weekly.

PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1960 and later	38	38	100	—	—
1959	460	456	99.1	4	0.9
1958	1,444	1,439	99.7	5	0.3
1957	256	255	99.6	1	0.4
1956	1,571	1,561	99.4	10	0.6
1955	182	182	100	—	—
1954	74	74	100	—	—
1953	501	500	99.8	1	0.2
1952	683	680	99.6	3	0.4
1951	284	283	99.6	1	0.4
1950	519	519	100	—	—
1949	1,214	1,207	99.4	7	0.6
TOTAL	7,226	7,194	99.6	32	0.4

Other Inspections.	Number of special inspections	141
	Number of re-inspections	1,988
TOTAL		2,129

TABLE I.—Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition</i>	<i>Total individual pupils</i>
1st age group	105	146	228
2nd age group	91	63	145
3rd age group	81	55	126
TOTAL	277	264	499
Additional periodic inspections	79	109	169
GRAND TOTAL	356	373	668

TABLE II.—PERIODIC MEDICAL INSPECTIONS

A return of (a) Defects found to require treatment ;
 (b) Defects requiring to be kept under observation but not requiring specific medical treatment.

DEFECT OR DISEASE	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Requiring treatment</i>	<i>Requiring observation</i>
Skin	13	16	20	8	33	31	66	55
Eyes (a) Vision	105	226	81	83	170	286	356	595
(b) Squint	11	20	2	2	10	13	23	35
(c) Other	3	2	2	5	3	10	8	17
Ears (a) Hearing	21	82	4	19	30	68	55	169
(b) Otitis Media	4	11	1	4	3	11	8	26
(c) Other	5	18	1	7	1	16	7	41
Nose and Throat	22	115	5	13	25	98	52	226
Speech	36	66	1	1	15	22	52	89
Lymphatic glands	5	65	—	3	3	35	7	105
Heart	—	11	1	8	1	9	2	28
Lungs	2	21	—	9	1	22	3	52
Developmental (a) Hernia	1	—	—	—	4	2	5	2
(b) Other	1	10	5	17	4	17	10	44
Orthopaedic (a) Posture	1	10	4	22	4	69	9	101
(b) Feet	7	112	1	37	6	161	14	310
(c) Other	3	68	7	32	6	79	16	179
Nervous system (a) Epilepsy	—	5	—	2	—	5	—	12
(b) Other	—	2	—	1	—	—	—	3
Psychological (a) Development	7	20	—	3	16	33	23	56
(b) Stability	9	24	—	4	11	17	20	45
Abdomen	—	1	—	2	2	2	2	5
Other	1	14	1	1	3	33	5	48

TABLE III.—The following table shows the number of defects found, per 100 children examined, at periodic medical inspections.

	<i>Requiring treatment</i>	<i>Requiring observation</i>	<i>Total</i>
Skin	0.9	0.8	1.7
Eyes	5.4	8.9	14.3
Ear, Nose and Throat	1.7	6.4	8.1
Heart	0.03	0.4	0.43
Lungs.....	0.04	0.7	0.74
Orthopaedic	0.5	8.2	8.7
Psychological	0.6	1.4	2.0
Speech.....	0.7	1.2	1.9
Lymphatic Glands	0.1	1.4	1.5
Developmental	0.2	0.6	0.8
Nervous System	—	0.2	0.2
Other	0.1	0.7	0.8

TABLE IV.—SPECIAL INSPECTIONS

A return of (a) Defects found to require treatment.
(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

<i>Defect or Disease</i>	<i>Number of defects requiring treatment</i>	<i>Number of defects requiring observation</i>
Skin	2	3
Eyes (a) Vision	11	13
(b) Squint	1	3
(c) Other	—	—
Ears (a) Hearing	4	12
(b) Otitis Media	—	3
(c) Other	—	—
Nose and Throat	3	7
Speech.....	1	3
Lymphatic glands	—	4
Heart	—	2
Lungs	2	3
Developmental (a) Hernia	—	—
(b) Other.....	—	2
Orthopaedic (a) Posture	—	3
(b) Feet	—	9
(c) Other	—	4
Nervous system (a) Epilepsy	—	—
(b) Other.....	—	—
Psychological (a) Development	2	2
(b) Stability	1	1
Abdomen	—	—
Other	—	—

TABLE V.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	10
Errors of refraction (including squint)	1,101
TOTAL	1,111
Numbers of children for whom spectacles were prescribed	452

The parents of a child found with a defect of vision are offered an appointment at the Victoria Eye Hospital, Hereford, or at clinics held at Kington, Ledbury, Leominster and Ross-on-Wye. Spectacles, if required, are supplied by any optician on the Executive Council's list. Parents may if they wish arrange their own appointments through the National Health Service.

59 children are known to have received operative treatment for squint.

Forms for the replacement or repair of spectacles were issued on behalf of 265 children.

A colour vision survey was made of boys in the 3rd Age Group. Of 711 pupils, 43 or 6.05 per cent were found to have defective colour vision, and are divided into the following categories.

Total colour blindness (incomplete)	—
Red/Green blindness (complete)	11
Red/Green blindness (incomplete)	20
Red blindness	—
Green blindness	10
Indeterminate	2
TOTAL	43

TABLE VIa.—DISEASES OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been treated</i>
Received operative treatment for	
(a) diseases of the ear	4
(b) adenoids and chronic tonsillitis	240
(c) other nose and throat conditions	5
Received other forms of treatment	31
TOTAL	280
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1964	21
(b) in previous years	34

AUDIOMETRY

Up to the end of April a Health Visitor trained in the use of an Audiometer continued to test school children for three sessions a week.

Miss Thomas, an Audiometrician and Hearing Aid Technician employed by the Herefordshire Hospital Management Committee, commenced part time duties with the Local Education Authority in May and now works four sessions a week testing children in schools.

The ages at which children are tested remain the same, namely 6 and 8 years, but priority is given to the 6 year old group.

A return visit continues to be made to each school after an interval of 2 or 3 weeks to re-test children who failed the test or were absent at the first visit.

During the year it was decided that children who were suspected of having impaired hearing and children who had been recommended speech therapy should also be tested. This necessitated a considerable number of visits to scattered rural schools in order to test a small number of pupils.

Because of this, and the increase in second visits to schools, a few 6 year old pupils still remain to be tested. They will be dealt with early in 1965. In the circumstances it was not possible to test any children in the 8 year old group.

First Visit.

Age Group	Tested	Failed					No. Absent
		Right	Left	Both	Total	%Failed	
Age 6	1509	93	129	222	444	29.4	125
Age 8	—	—	—	—	—	—	—
Others	96	8	8	28	44	45.8	—
TOTAL	1,605	101	137	250	488	30.4	125

Second Visit.

Age Group	Failures seen				Total	% Failed	No. Absent	Absentees seen				Total	% Failed	No. Absent
	Tested	Failed						Tested	Failed					
		Right	Left	Both					Right	Left	Both			
Age 6	410	49	59	133	241	58.8	78	94	1	4	12	17	18.1	31
Age 8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	410	49	59	133	241	58.8	78	94	1	4	12	17	18.1	31

Particulars of children tested on account of suspected hearing impairment or requiring speech therapy.

First Visit.

Age Group	No. Tested	Failed					No. Absent
		Right	Left	Both	Total	%Failed	
Others Tested	244	22	14	87	123	50.4	47

Second Visit.

Age Group	Failures seen				Total	% Failed	No. Absent	Absentees seen					% Failed	No. Absent
	No. Tested	Failed						No. Tested	Failed					
		Right	Left	Both					Right	Left	Both			
Others tested	98	9	11	49	69	70.4	25	35	1	3	6	10	28.6	12
TOTAL	98	9	11	49	69	70.4	25	35	1	3	6	10	28.6	12

Children who failed the audiometer test were called for examination by a school medical officer and dealt with as shown below :—

Already under ear, nose and throat surgeon	32
Referred to ear, nose and throat surgeon	93
Referred to, or already under, own doctor	5
Referred for observation by school medical officer	74
Referred back for further audiogram	132
Treatment refused or failed to attend for examination	5
Hearing satisfactory	62
Not yet examined	18
TOTAL	421

Lip reading and auditory training sessions with hearing aids were held weekly up to the end of April at the Health Clinic, Hereford, by Mrs. A. E. Crellin, a teacher of the deaf. In May of this year a further session was added and Mrs. Crellin now gives instruction on a Monday and Wednesday afternoon.

Children who have received instruction	18
Attendances made	266

The children concerned made good progress. The speech training aid continues to be used and is very much appreciated by mothers who are thus able to give their children considerable assistance in the home.

ORTHOPAEDIC AND POSTURAL DEFECTS.

Pupils known to have been treated :—

By the authority—at school clinics	1063
" " at schools	357
" " at home	1
At hospital out-patient departments	52
TOTAL	1473

SCHOOL PHYSIOTHERAPY SERVICE.

Weekly sessions have continued at Hereford, Leominster and Ross-on-Wye Health Clinics with shorter periods at Bromyard, Kingstone, Kington and Ledbury. The Junior Training Centre, Adult Training Centre and "Uplands" Residential School for delicate pupils have also received weekly visits. Pupils at "Uplands" are given "sunlight" when recommended by the Medical Officer. There has been quite an increase in both the number of children seen and the attendances made as compared with the previous year. It is thought that this is due more to a general awareness that early physical defects can now be remedied by physiotherapy rather than to an increase in the actual number of defects.

The following figures show attendances during the year :—

BROMYARD.	Youth Club Room, St. Peter's School	.....	75
HEREFORD.	School Clinic	.....	1,678
KINGSTONE	School Clinic	.....	162
KINGTON.	Church Hall	.....	145
LEDBURY.	Church Lane	.....	283
LEOMINSTER	School Clinic	.....	695
ROSS-ON-WYE.	School Clinic	.....	1,276
TOTAL			4,314
Attendances— school visits			3,640
home visits			1
Total attendances			7,959
Number of children treated			1,421

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

For the past five years the dental staff has comprised only one dental officer holding a full-time appointment supplemented by part-time officers whose period of service averages approximately six months, and whose sessional assistance has fluctuated between one to six sessions per week. With a school population exceeding 21,000, a measure of the difficulties confronting the Service becomes immediately obvious. The field of orthodontics and dental health education is particularly affected by the persistent staffing problem.

Lack of dental staff is by no means peculiar to the School Dental Service in this County ; indeed the difficulties experienced by some Authorities are even greater. Generally speaking those Authorities in proximity to a Dental School appear to have less difficulty in appointing staff than those some distance away, and since Herefordshire is situated about midway between the Bristol and Birmingham Dental Schools, this may well be a factor contributing to local difficulties.

During the year a total of 4,163 routine appointments were made, and 3,394 were kept, giving an attendance rate of 81%. This figure remains constant over the years. The factors influencing attendance are illness, school holidays, examinations, and other school activities, but most broken appointments are due to what appears to be a refusal of treatment despite the return of a signed consent form.

There is no significant difference between the tabulated statistics shown below when compared with those of the previous year, when sixty more sessions were given to routine treatment.

Nine patients were referred for treatment to the Consultant Orthodontist at the County Hospital during the year, and two to the Consultant Dental Surgeon for oral surgery. The services of these two consultants is of great value.

The small improvement noted in last year's report has been held, but a real expansion of the service is still remote.

Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) At periodic inspections	.....	7,795
(b) As specials	.....	113

TOTAL 7,908

(2) Number found to require treatment	.....	3,029
(3) Number offered treatment	.....	2,759
(4) Number actually treated	.....	1,610
(5) Number of attendances made by pupils for treatment	.....	3,426
(6) Half days devoted to : Periodic (school) inspection	.....	76½
Treatment	.....	680

TOTAL 754½

(7) Fillings :	Permanent Teeth	.....	.....	.....	3,287
	Temporary Teeth	.....	.....	.....	775
	TOTAL	.....	.....	.....	4,062
(8) Number of Teeth Filled:	Permanent Teeth	.....	.....	.....	3,098
	Temporary Teeth	.....	.....	.....	607
	TOTAL	.....	.....	.....	3,705
(9) Extractions :	Permanent Teeth	.....	.....	.....	491
	Temporary Teeth	.....	.....	.....	986
	TOTAL	.....	.....	.....	1,477
(10) Administration of general anaesthetics for extractions		.....	.....	.....	149
(11) Orthodontics (removable appliances fitted)		.....	.....	.....	1
(12) Number of pupils supplied with artificial teeth (dentures)				.....	6
(13) Other operations	Crowns	.....	.....	.....	—
	Inlays	.....	.....	.....	—
	Other treatment	.....	.....	.....	139
	TOTAL	.....	.....	.....	139
(14) Number of half days devoted to the administration of general anaesthetics by :					
	(a) Dentists	.....	.....	.....	—
	(b) Medical Practitioners			.....	18
	TOTAL	.....	.....	.....	18

SCHOOL CLINICS.

Throughout the county there are four school clinics which are situated at the following addresses (details are also given as to times of opening) :—

HEREFORD. St. Owen Street, Hereford.
Monday and Wednesday, 10 a.m.—12 noon (Medical Officer attends)
Tuesday, Thursday and Friday, 9.30 a.m.—10 a.m. (during school term).

KINGSTONE. Kingstone Camp, Clehonger, Hereford.
Tuesday and Friday, 10.30 a.m.—11.30 a.m. (during school term).
Medical Officer attends on Tuesday each week.

LEOMINSTER. Westfield Walk, Leominster.
Monday and Friday, 10 a.m.—11 a.m. (during school term).
Medical Officer attends on Friday each week.

ROSS-ON-WYE. Chepstow House, Ross-on-Wye.
Monday, 10 a.m.—11 a.m. (during school term).
Medical officer attends.

Total number of attendances at school clinics	.....	.....	.....	766
Number of cases of miscellaneous minor ailments treated by the authority				228

The undermentioned school has been provided with special equipment and a health visitor visits once a week to deal with the treatment of minor ailments :—

Hunderton C.P. School, Hereford.

TABLE VII.—DISEASES OF THE SKIN.

(excluding uncleanness for which see below).

Number of defects treated, or under treatment, during the year.

<i>Type or defect</i>	<i>No. of cases treated</i>
Ringworm :—	
(1) Scalp	<i>Nil.</i>
(2) Body	<i>Nil.</i>
Scabies	<i>Nil.</i>
Impetigo	1
Other skin diseases	123
TOTAL	124

INFESTATION WITH VERMIN.

Concentrated inspections are carried out by School Health Visitors in primary and in secondary modern schools at the beginning of each term. Appropriate follow up action is taken in cases of infestation.

Total number of examinations in schools	52,944
Total number of individual pupils found infested	435
Number of cleansing notices or orders issued (Section 54, Education Act 1944)	<i>Nil.</i>

Infestation showed a slight decrease chiefly in some county secondary schools. An overall minority of schools was affected in most cases to a mild degree.

SCHOOL HEALTH VISITING.

Teaching in child care, home nursing and/or first aid by health visitors showed some considerable extension during the year. At the request of head teachers instruction was given to senior girls and school leavers in secondary modern schools, each course lasting for upwards of three months. Formerly confined to two schools in or near Hereford City, classes were extended to five other schools in the county area.

INFECTIOUS DISEASES IN SCHOOLS.

During the year no schools were closed on account of infectious disease.

TABLE VIII.

This table shows the number of notifications of infectious and other notifiable diseases among children of compulsory school age during the year.

<i>Disease</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scarlet Fever	13	18	31
Whooping Cough	40	31	71
Acute Poliomyelitis—			
(a) Paralytic	—	—	—
(b) Non-Paralytic	—	—	—
Measles (excluding rubella)	567	500	1,067
Diphtheria	—	—	—
Acute Pneumonia	2	—	2
Dysentery	15	8	23
Smallpox	—	—	—
Acute Encephalitis—			
(a) Infective	—	—	—
(b) Post-Infectious	—	—	—
Enteric or Typhoid Fever	—	—	—
Paratyphoid Fevers	—	—	—
Erysipelas	—	—	—
Meningococcal infection	—	—	—
Food poisoning	3	2	5
Total notifications	640	559	1,199

HANDICAPPED PUPILS.

During the year the following children were newly ascertained as requiring special educational treatment in special schools :—

Blind	.....	.....	.....	1
Partially Sighted	.....	.....	.....	1
Deaf	.....	.....	.....	—
Partially Hearing	.....	.....	.....	—
Delicate	.....	.....	.....	14
Physically Handicapped	.....	.....	.....	—
Educationally sub-normal	.....	.....	.....	39
Maladjusted	.....	.....	.....	1
Epileptic	.....	.....	.....	2
Speech Defect	.....	.....	.....	—
TOTAL				58

35 children were admitted to special residential schools during the year and 38 were discharged.

12 boys were admitted to Pudleston Court Residential School for educationally sub-normal pupils, near Leominster and 13 were discharged. 9 of the boys discharged were notified to the Local Health Authority with the recommendation that informal supervision after leaving school be offered. At the end of the year 7 boys were on the waiting list for admission to the school, 2 of whom were to be admitted at the beginning of the Spring term 1965.

During the year 1 educationally sub-normal girl was admitted to Haughton Hall Special Residential School, Shifnal, Salop and 3 were discharged. On 31st December, 1964 there were 8 girls awaiting places at the school, 2 of whom were to be admitted early in the Spring term, 1965.

4 boys and 7 girls were admitted to Uplands School for delicate children, Folly Lane, Hereford and 4 boys and 12 girls were discharged. This special school takes residential children between the ages of 5 and 11 years, up to a maximum of 30, 1 boy awaited admission as a residential pupil and was due to be admitted at the start of the Spring Term, 1965.

TABLE IX.

The number of pupils ascertained is given in the following table which shows the position on 31st December, 1964.

Category	In Special Schools		In Maintained Schools		In Indepen- dent Schools		Not at School		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(a) BLIND	1	5	—	—	—	—	—	1	1	6
(b) PARTIALLY SIGHTED	1	1	3	3	—	—	—	—	4	4
(c) DEAF	5	3	—	—	—	—	—	—	5	3
(d) PARTIALLY HEARING	—	1	17	21	—	—	—	—	17	22
(e) EDUCATIONALLY SUB-NORMAL	43	14	62	45	—	—	—	—	105	59
(f) EPILEPTIC	—	1	—	—	—	—	—	1	—	2
(g) MALADJUSTED	8	2	6	2	—	1	—	1	14	6
(h) PHYSICALLY HANDICAPPED	2	1	4	1	—	—	2	4	8	6
(i) SPEECH DEFECT	—	—	268	107	11	5	29	5	308	117
(!) DELICATE	13	9	31	42	—	—	2	1	46	52
(k) MULTIPLE DEFECT	25	8	29	17	—	—	4	2	58	27
TOTAL	98	45	420	238	11	6	37	15	566	304

CASES REPORTED TO LOCAL HEALTH AUTHORITY.

During the past year the undermentioned children were notified :—

Under Education Act, 1944, section 57 (4)	.....	.....	11
For informal supervision after leaving school	.....	.....	14

A decision that a child was unsuitable for education in school was not recorded on the direction of the Secretary of State under Section 57(5).

There were no decisions that a child was unsuitable for education in school cancelled under Section 57A(2).

CHILD GUIDANCE SERVICE.

The team at the Child Guidance Clinic during 1964 was :—

Psychiatrist	Dr. D. T. Maclay, M.D., D.P.M.
Psychologist	Miss E. A. Bonniface, B.A.
Social Worker	Mrs. M. A. Conium.

The year under review has not been one of spectacular development in the clinic but of steady work in which further experience of what are likely to be the best ways of handling nervous children was gained. During the year a three years experiment in the treatment of children in groups was completed and Dr. Maclay read a paper on this before a section of the International Congress on Psychotherapy in August. The conclusions were not particularly favourable to the running of therapeutic groups in ordinary child guidance clinics although it appeared that for selected children whose problems were not too deeply ingrained the group method had something to offer. It also had the advantage of reducing the waiting list through the possibility of handling several children at one time.

A survey was also started of those children who first attended the clinic in the years before 31st July, 1959, to see how they had fared in the meantime, and what sort of results had been achieved. It is likely that results may become available in time for next year's annual report.

The two medical registrars who completed their term with the child guidance service at the end of February have now been replaced with Dr. H. P. Dam and Dr. W. H. Newnham.

It has been gratifying to find that a larger number of children under 5 years of age have been referred to the clinic, as compared with the previous year, namely 7. Even so this number is regrettably small as there are strong reasons for believing that the clinic is likely to do more useful work, and more economically as regards time, with younger children. There are two boys who, at the time of writing, have been giving considerable concern and whose treatment has proved difficult. One of these boys commenced to suffer from his present nervous problems at the age of 2, but was not referred to the clinic until he was $10\frac{1}{2}$, while the other started to have symptoms at the age of 5, but was not referred until he was $12\frac{1}{2}$.

After being without an Educational Psychologist for a full year the clinic was happy to welcome Miss Boniface at the beginning of January.

Two parties were held for the children during the year, one for younger children at the clinic, and one for the older ones at a farm. One is happy to acknowledge the financial aid which was provided by the ' Friends of the Child Guidance Clinic ' and the ' Sunday Entertainments Fund '.

New cases seen by Child Psychiatrist at the clinic during the year	.....	95
Total attendances at the clinic during the year	.....	939
Children seen by Educational Psychologist at schools	.....	502
" " " " " clinic	.....	117
Schools visited	.....	201
Homes visited	.....	10
On waiting list 1/1/65 for first interview : Psychiatrist	.....	2
Psychologist	.....	18
On waiting list 1/1/64 for first interview	.....	38
Referred during 1964: new cases	.....	195
old cases re-referred	.....	102
special surveys or school queries	.....	295
	—	630
Children seen at the clinic during the year	.....	95
" " schools and homes	.....	502
" who did not attend	.....	13
" on waiting list as at 31/12/64 to be seen 1965	.....	20

Children treated at the clinic during the year	53
„ still under treatment at end of year	17
„ awaiting treatment	<i>Nil.</i>

PUPILS WITH SPEECH DEFECTS.

With only one Speech Therapist working in the county, 280 children have received treatment. Clinics have been held at the following centres :—

HEREFORD	Health Clinic, Gaol Street, Hereford.
BROMYARD	Nunwell House, Bromyard.
KINGTON	Cottage Hospital, Kington.
LEDBURY	Cottage Hospital, Ledbury.
LEOMINSTER	Clinic, Westfield Walk, Leominster.
ROSS	Clinic, Chepstow House, Ross.

Regular visits have also been made to Hunderton, Kingstone, Uplands and Pudleston Court schools. Clinics are still run on a fortnightly basis, and some children are only seen monthly.

The waiting list is longer than at the end of last year, despite a larger number of new cases treated. The rate of discharge has decreased, due to infrequent treatment sessions, and the necessity to place on observation patients who are nearing normality, in order to fit in new urgent cases.

The need for a second Speech Therapist becomes more and more urgent.

Cases in attendance at beginning of 1964	104
Patients on observation	103
New Cases treated	69
Old cases re-entered	4

TOTAL CASES	280
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Cases on Waiting List after first interview	66
„ awaiting first interview	45
„ discharged while on treatment	8
„ „ after previous treatment (observation 17, other 6)	23
„ „ on leaving school	2
„ „ ceasing to attend	5
„ „ left area	3
„ refusing treatment	4
„ placed on observation after treatment	52
Total number of attendances	1,503
Cases referred in the year.....	134
Patients on treatment at end of year	116
„ „ observation at end of year	129

Clinical Analysis.

Simple Dyslalia	75
Multiple Dyslalia	50
Stammer	52
Sigmatism	48
Poor Language Development	22
Cleft Palate	9
Dyslalia associated with Mental Defect	11
„ „ „ Deafness	4
Dyslalia & Stammer	6
Poor Tone	1
Aphasias	1
Laryngectomy	1

TOTAL	280
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INDEPENDENT SCHOOLS.

Arrangements have been made with the proprietors of 5 schools not maintained by the authority for the provision of medical inspection and treatment under section 78 (2) of the Education Act, 1944.

Number of schools inspected	.....	.....	.....	.....	5
Periodic medical inspections—					
Number of children inspected	.....	.....	.....	.....	180
Number of children found to require treatment—					
for defective vision	.....	.....	.....	.....	6
for any other condition	.....	.....	.....	.....	7
Total individual children	.....	.....	.....	.....	12
Physical condition of the children examined—					
Satisfactory	.....	.....	.....	.....	180
Unsatisfactory	.....	.....	.....	.....	—
Number of children found to require observation	.....	.....	.....	.....	29
Number of special inspections	.....	.....	.....	.....	—
Number of re-inspections	.....	.....	.....	.....	45

EMPLOYMENT OF CHILDREN.

Children of compulsory school age, employed out of school hours, are required to submit to medical examination in order to ascertain that the employment is not prejudicial to their health or physical development and does not render them unfit to obtain proper benefit from their education. During the year 112 children were examined by school medical officers and all except one granted certificates.

SANITARY INSPECTIONS OF SCHOOLS.

When a school medical officer visits a school to carry out medical inspection he prepares a report on the school premises. This includes brief notes on the sanitary arrangements, water supply, washing accommodation, canteen and sculleries, heating, lighting and ventilation. Matters which appear to require attention or investigation are referred to the Director of Education.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS.

Candidates applying for entry to training colleges, university departments of education, and approved art schools are required to submit to X-ray examination of the chest and to a medical examination by a school medical officer of the area in which they live in order to determine their fitness for these courses.

Arrangements are also made for teachers entering the service of the authority to undergo a medical examination, including an X-ray test of the chest, to exclude the possibility of infection.

During the past year the following examinations were carried out by the authority's medical staff :—

Entrants to training colleges, etc.	.....	.....	.....	.....	98 (2 failed)
Teachers	.....	.....	.....	.....	82 (2 failed)

DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation is offered at routine medical inspections when the child first commences attendance at school at five years of age. The child is given either a full course of three injections or a single reinforcing injection when primarily immunised in infancy. This service is again offered when the child reaches the age of nine years.

Diphtheria Immunisation sessions were held at school medical inspections in 128 maintained schools and 3 private schools in the area of the local education authority during the year 1964. Notices regarding the service, embodying a form of consent, were forwarded to the parents of 4,215 children in the age groups 5 and 9, and treatment at the school was accepted in respect of 3,134 pupils, an acceptance rate of 74.4%. Of these, 463 children had not been previously immunised and were given a full course of injections and 2,671 children were given a single reinforcing injection. In addition, 7 primary immunisations and 49 reinforcing injections were administered to children of school age by general practitioners and at school clinics.

In September 1964 a scheme was introduced whereby children due for a reinforcing injection under the above scheme and who received combined triple antigen as a primary course, now receive a reinforcing injection of combined diphtheria/tetanus vaccine. Since the start of the scheme 265 children have received reinforcing injections of combined diphtheria/tetanus vaccine.

No cases of diphtheria were notified in the area of the authority during the year.

PROTECTION FROM POLIOMYELITIS.

Vaccination against poliomyelitis continued to be offered during the year and oral vaccine was given at County Council clinics and by family doctors. A scheme was also introduced enabling oral vaccine to be administered at home, by Health Visitors, to persons unable to attend clinics.

The doses are given by mouth in sugar or syrup and persons not already vaccinated require a course of three doses at four to eight weekly intervals. This vaccine is also used to complete courses started with the injection-type vaccine.

A booster dose of oral vaccine is offered to all children on joining school, irrespective of the number of oral doses previously received, or as a completion dose after a course of three Salk injections. A fourth booster dose is also available to children in the specially vulnerable age-group five to twelve years, following the basic course of three Salk injections.

No cases of poliomyelitis in children of school age were reported during the year.

<i>Year of birth</i>	<i>Vaccinated with three doses</i>	<i>Vaccinated with one dose following two Salk injections</i>	<i>Vaccinated with one dose following three Salk injections</i>
1950	5	—	3
1951	7	—	10
1952	7	—	72
1953	9	—	81
1954	16	—	93
1955	21	—	77
1956	11	—	142
1957	12	—	66
1958	35	2	100
1959	70	—	652
TOTAL	193	2	1,296

In addition three children received a booster oral dose after receiving two Salk injections followed by two oral doses and twelve children received a booster oral dose following three oral doses.

Salk injections continue to be given by some family doctors and, when requested, at County Council clinics.

During the year four children of school age received a primary course of two injections, thirteen received a third injection and 225 a fourth injection.

B.C.G. VACCINATION.

B.C.G. Vaccination is offered, subject to obtaining parental consent and to the necessary preliminary tests, to school children aged 13 years and upwards. The tuberculin testing and actual vaccination are carried out by members of the medical staff who visit the schools and apply a skin test to the children. Three to seven days later the children are seen again and those producing a negative result are vaccinated.

The greater proportion of the children vaccinated in 1963 who were still attending school were re-tested and those again producing a negative result were re-vaccinated.

The procedure of B.C.G. vaccination is safe and effective in preventing the more acute forms of tuberculosis.

Number offered P.P.D. test and B.C.G. vaccination (if necessary).....	1,811	
Number of acceptances	1,607	88.7 %
Number tested during the year	1,437	
Number found to be negative reactors and vaccinated	1,190	82.8 %
Number found to be tuberculin positive	247	17.2 %
Number referred to the Chest Physician for X-ray	11	
Number vaccinated with B.C.G. in 1963 who have been re-rtested	1,004	
Number found to be negative reactors and re-vaccinated	48	4.8 %
Number found to be tuberculin positive	956	95.2 %

School medical officers visit the schools again 6-8 weeks following vaccination to examine the arms of the children and note any reactions.

TUBERCULOSIS.

1 Child attending school was notified as suffering from tuberculosis. 2 children were removed from the registers as having recovered from the disease. 44 children were seen as contacts at the chest clinic and 11 were vaccinated with B.C.G.

PROVISION OF SCHOOL MEALS AND MILK.

3,177,972 meals were provided by the School Meals Service during 1964 and all schools maintained by the Authority were supplied with either pasteurised or tuberculin tested milk daily.

During the year new self-contained canteens were opened at Broadlands C.P. School, Whitecross C.S. School (No. 2 Canteen), Wellington C.P. School and the Authority has continued to improve existing canteens and install hot water systems in sculleries where schools have been connected to the mains water supply.

The supply of meals to the Meals on Wheels Service has continued and meals are now provided in the Ledbury, Bromyard, Cradley, Colwall and Eardisley areas.

Special diets are provided for pupils in various schools provided always that the cost of meals is within the unit costs authorised by the Department of Education and Science.

Although the cost of meat has risen sharply during the year it has been possible to maintain the nutritional standard of school meals as defined by the Department of Education and Science.

Training Courses have continued for school meals staff and particular attention has again been paid to matters of hygiene.

The Department of Education and Science reviewed the arrangements for the remission of the school dinner charge and after full consultation with the Associations of Local Authorities decided to replace the existing local scales by a national scheme designed to ensure that the entitlement to free school dinners was determined on a uniform basis. The new scheme came into effect from the first day of the Autumn Term 1964.

The practise of referring school meals staff, who may have been a health risk and who come into direct contact with food and children, to the Principal School Medical Officer has continued during the year.

SCHOOL BUILDINGS.

1. Playgrounds.

Repairs have been effected to the playgrounds at 11 County, 3 Voluntary Controlled and 5 Voluntary Aided Schools. Additional tarpaved areas have been provided at 3 County Schools and 1 Voluntary Aided School.

2. Heating.

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 26 schools. Repairs and improvements have been carried out to central heating systems at 20 schools. The heating at 4 schools has been considerably improved by the provision of suspended ceilings.

3. Equipment.

New desks and tables (replacements) have been supplied to 37 schools.

4. General Sanitary Arrangements.

The earth closets at 1 school have been converted into water closets. Improvements have been carried out to the sanitary arrangements at 2 schools and tenders for improvements at 2 other schools have been accepted.

The cloakroom and washroom arrangements at 16 schools have been improved.

Drains have been overhauled and repaired in 10 schools. 1 school has been connected to the public sewer.

Application has been made for mains water to be laid on to 2 schools.

5. General.

The new Broadlands County Primary School was occupied on the 10th September, 1964. The erection of the new Whitecross County Primary School is nearing completion. The new hall/gymnasium and laboratory block at Ross Grammar School were completed on the 1st October, 1964. The extension of the Whitecross Boys' County Secondary School to four form-entry size is nearing completion. The first instalment of a new County Primary School at Madley is in course of erection and work has also started on the new Grafton County Secondary School and the third phase of the Herefordshire Technical College. The County Architect is proceeding with the working drawings for the new Primary School at Much Birch with a view to tenders being invited. A tender has been accepted for the provision of 2 new kitchens and dining accommodation at the Lord Scudamore County Primary Schools. Additional classrooms have been erected at 10 schools. At Credenhill, buildings on the R.A.F. Camp have been leased for use as a temporary 2-class infant school.

Repairs have been effected to school floors in 15 cases, and renovations carried out at 51 schools.

Improvements have been effected to existing electrical installations at 12 schools.

PHYSICAL EDUCATION.

It is gratifying to report that during the past year, progress in physical education in the Authority's primary and secondary schools has been satisfactorily maintained, and it is encouraging to note that the essential correlation between primary and secondary school departments is being established successfully. This is particularly apparent in swimming, athletics and games, whilst the adoption of modern trends in the teaching of gymnastics is rapidly gaining support.

At primary School level, educational and physiological factors have played an important part in determining policy with regard to organised games, and as a result, the adult form of major games has been discarded in favour of small side team games. The development of inter-school games in football, netball and hockey between rural as well as city primary schools, provides an excellent opportunity for the promotion of social training and good sportsmanship. The county-wide swimming scheme was further developed during the summer of 1964, when approval was given by the Education Committee to allow children from schools in the more remote areas to enjoy the benefits of swimming instruction. No less than ten public and privately-owned pools were used for the Authority's swimming scheme in addition to the thirteen learners' pools belonging to and enjoyed by individual schools. At the Hereford Corporation Baths, 874 children were taught to swim during the three school terms, whilst during the shorter summer period at open-air baths 418 rural primary school children were successful in gaining their initial swimmer's badge. In connection with this progress, and in view of the increasing responsibility of teachers in charge of swimming instruction, the committee has approved a teachers' course in swimming which will deal exclusively with the teaching of beginners and safe teaching methods.

Two important deficiencies, namely the lack of indoor facilities and the limited number of playing fields, seriously undermine progress in physical education in our smaller rural primary schools. It is pleasing to report however, that recently there has been a steady increase in the number of primary schools which now possess their own grass playing areas.

Staffing problems, particularly on the girls side, still persist in our secondary schools, but despite this, general progress has been made. To meet the demands of secondary school P.E. staffs, courses in rugby football, athletics, 'Keep Fit' and country dancing have been successfully completed during the past year. Facilities generally—playing fields, gymnasias, showers and changing accommodation etc., are good, whilst the schools are adequately equipped with modern equipment. Inter-school games continue to thrive on a healthy competitive basis, and athletics, outdoor pursuits, gymnastics and swimming play an important part in the physical education scheme. The endeavours of individual schools to provide their own swimming pools are commendable and praiseworthy, and the completion of two more projects is anticipated during the coming year. The termly meetings of the Physical Education Group continue to be popular and new films, demonstrations and visiting lecturers provided a varied and interesting programme during the past year. The county was again represented at national level by elite teams of secondary school children participating in athletics, cross-country running, swimming and life-saving championships.

Aided and encouraged by the Education Committee, the Authority's teachers continue to give up their free time to attend courses and voluntary activities, and it is very largely due to their keen support that the importance of physical education in the life of the schools has been so successfully established.

DOMESTIC SCIENCE INSTRUCTION.

The work of the Home Economics Department in the secondary schools continues to be aware of the necessity of teaching good home making.

The schemes of work include money management, choice of house, building societies, mortgage rates, local government, hire purchase, wise buying of home equipment, together with the running of the home. Several boys are now included in these courses, which often lead to them taking a catering course at Hereford Technical College.

Some of the Health Visitors are taking short courses on the bringing up of young children with the older girls in the secondary schools. This is proving most helpful.



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